

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13028</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Louie</u> <u>Maya</u> P.O. Box, Bldg., Room No., if any _____ Street <u>8001 KATHRYN SE</u> City <u>ALBUQUERQUE</u> State <u>NEW MEXICO</u> ZIP Code + 4 <u>87108</u>	4. Name, file number, and address of labor organization. Name <u>CFUNA Local #16</u> Labor Organization File Number <u>000345</u> P.O. Box, Building and Room Number, if any _____ Street <u>1030 San Pedro Dr NE</u> City <u>ALBUQUERQUE</u> State <u>NEW MEXICO</u> ZIP Code + 4 <u>87110-5728</u>
5. Position in labor organization. <u>FIELD AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code - 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

J. Maya

On

8-9-05
Date

268-7914
Telephone Number

Name of Person Filing

LOUIE MOYA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DAVID VALLEY & SOUTHERN STATESLABORERS-EMPLOYERS COOPERATION EDUCATION TRUST

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: 25 CENTURY BLVD STE 35City: NASHVILLEState: TENNESSEE ZIP Code + 4: 51214

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: SAME AS ABOVE

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

11.a. Nature of such dealing.

11/11/04 SOUTHWEST LABORERS DISTRICT COUNCIL MONTHLY MEETING

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

11/11/04 MEETING \$45.9512.b. Amount. \$45.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

14.a. Nature of payment. _____

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____

delegate	Louis Mayo		Laforets Local 16	Business/Profession	UNION	\$ 45.85	meal	Reception
Location	Home	Business Address	Organization	Business/Profession	Union	Amount	Type of Payment (Bill, Receipt, Item)	Occurrence

2005 11:59AM



OHIO VALLEY and SOUTHERN STATES LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST

August 4, 2005

ROBERT W. HANNA, III
Director

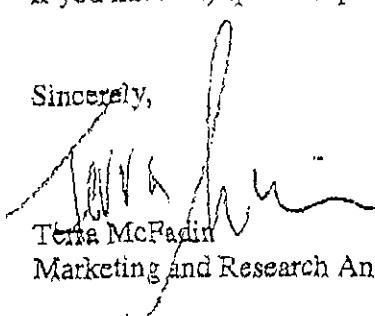
Dear Brother or Sister

GLENN FARNER
Administrator

Enclosed you will find the information OVSS LECET will be furnishing the Department of Labor on the required LM-10 form. Please consider this information when completing your required LM-30.

If you have any question please feel free to me.

Sincerely,


Terra McFadin
Marketing and Research Analyst

Post-It Fax Note	7671	Date	8/8	# of pages	2
To	LHO	From			
Co/Dent	OFF Atencio	Co.			
Phone #		Phone #			
Fax #	PLEASE give to JAMES # 13348	Fax #	13348		

25 Century Blvd.
Suite 305
Nashville, TN 37214
Phone: (615) 885-7828
Fax: (615) 885-7835
E-mail: info@ovsslacet.org